

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received

Filed Date: 04/01/2021 04:25 PM

SAN: FPPC Please type or print in ink. (MIDDLE) (FIRST) NAME OF FILER (LAST) Tony Manning 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Lincoln Your Position Division, Board, Department, District, if applicable Planning Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County X City of Lincoln 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/_ Annual: The period covered is January 1, 2020, through (Check one circle.) December 31, 2020. -or-O The period covered is January 1, 2020, through the date of The period covered is _____/____, through leaving office. December 31, 2020. -or-○ The period covered is ____/___, through Assuming Office: Date assumed _____/___ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ☐ None - No reportable interests on any schedule 5. Verification STATE ZIP CODE CITY MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CA 95648-1825 Lincoln 600 6th St EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (916) 434-2493 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Electronic Submission 04/01/2021 04:25 PM **Date Signed**

(File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

	CALIFORNIA FORM / UU
	FAIR POLITICAL PRACTICES COMMISSION
,	Name
	Tony Manning

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Catalyst OrthoScience	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical Supply Company	FAIR MARKET VALUE
FAIR MARKET VALUE	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
▼ \$100,001 - \$1,000,000	1
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report on	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , , 20	, , 20, 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
	11
Johnson & Johnson	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
Healthcare Products Company	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
_	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	☐ Stock ☐ Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on	Schedule C) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O income Received of \$500 of Word (Report or	Surficient of
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACOURED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	
	THE MADVET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000
\$100,001 - \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report or	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ACCURED DIO COLD	11
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Tony Manning		

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
OrthoSport Surgical Inc.	Pulse RX
Name	Name 7641 Galilee Rd #110 Roseville CA 95678
7641 Galilee Rd #110 Roseville CA 95678	Address (Business Address Acceptable)
Address (Business Address Acceptable)	Check one
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical Supply Sales Company	Medical Supply Company
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999 \$2,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Corporation	NATURE OF INVESTMENT X Partnership
NATURE OF INVESTMENT Partnership Sole Proprietorship X Other	Outer
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION CEO
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000	\$500 - \$1,000 × OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below	None or X Names listed below
Smith & Nephew	MedVantage
RTI Surgical	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box: ☐ INVESTMENT ☐ REAL PROPERTY
☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
TARREST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	11

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Tony Manning

SSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	CITY
ITY in colo	
Lincoln	
AIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
IATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
	Leasehold
Leasehold Other	Yrs, remaining Other
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater nterest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source o
ncome of \$10,000 or more.	income of \$10,000 or more.
X None	None
	,
Vol. and not required to report loans from a commerci	ial lending institution made in the lender's regular course o
You are not required to report loans from a commercibusiness on terms available to members of the public	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and
business on terms available to members of the public	c without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public	c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus name of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone None	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE When the second status. Personal loans and second status. Personal
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whighest BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$100,000 OVER \$100,000	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whighest BALANCE DURING REPORTING PERIOD \$500 - \$1,000	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
Tony Manning			

1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
OrthoSport Surgical	Pulse RX	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
7641 Galilee Rd #110, Roseville CA 95678	7641 Galilee Rd #110	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Medical Device	Medical Device Billing	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
President	President	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 X OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Real property, car, boat, etc.) Loan repayment	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 X OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Real property, car, boat, etc.) Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
(Describe)	(Describe)	
Other(Describe)	Other(Describe)	
 * You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's 		
regular course of business must be disclosed as follow		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
ADDDECO (D. San Address Assertable)	%	
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
DUOINEGO ACTIVITY IF ANY OF LENDER	None Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER		
	Real PropertyStreet address	
HIGHEST BALANCE DURING REPORTING PERIOD		
<u>\$500 - \$1,000</u>	City	
\$1,001 - \$10,000	Guarantor	
\$10,001 - \$100,000		
OVER \$100,000	Other(Describe)	
Comments:		

Dia Gix

From: Form700@fppc.ca.gov

Sent: Thursday, April 1, 2021 4:26 PM

To: Tony Manning

Cc: Gwendolyn Scanlon; Dia Gix

Subject: Notification - Your Submitted Form 700

Dear Tony Manning,

Congratulations! Your Statement of Economic Interests, Form 700 has been successfully filed with our office on 04/01/2021 04:25 PM. If an amendment is needed, you will receive an email or letter.

Electronic Confirmation #:92987

Agency: City of Lincoln

Position: Planning Commissioner

Filing Type: Annual Filing Year: 2020 Number of pages: 5

If you need to view, print or amend your filed form, a copy of your filing has been saved in your profile under 'Previous Filings' in the eDisclosure System.

Hope you enjoyed your online filing experience.

System Logon Link: https://form700.fppc.ca.gov/

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